Third Party Prescription Administrator Bond

Co. Code # _____

Bond # _____

Tax # _____

KNOW ALL MEN BY THESE PRESENTS, THAT I _____ of _____, a Third Party Administrator _____, as principal and _____ a company duly authorized to transact surety business in the State of Illinois, are held and firmly bound unto the People of the State of Illinois and payable to any party injured under the terms and conditions of this bond, in the full and penal sum of _____ dollars lawful money of the United States of America, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH that the above bonded Principal is now or is about to become licensed to engage or continue in the business of a Third Party Prescription Administrator as provided by the Illinois Insurance Code, as amended.

NOW, THEREFORE, if the said Principal shall, while this bond is in force and effect make a full accounting and due payment to the person or company entitled thereto of funds coming into his possession as an incident to transactions under this license, and shall comply with all the provisions of the "Third Party Prescription Program Act," then this obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER, that this bond shall be continuous in form and may be terminated by the Surety, upon its giving thirty (30) days notice of its intention of termination, such notice to be filed with the Director, Department of Insurance, Springfield, Illinois.

IN WITNESS WHEREOF, the said principal has hereunto set his hand and seal, and the said surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this _____ day of _____, 20_____.

_____
(Principal)

_____
(Social Security Number)

_____
(Bonding Company)

_____
(Officer)

_____
(Attorney-in-Fact)

Important Notice: Under the Illinois Revised Statutes' insurance laws, disclosure of this information is **voluntary**; however, failure to comply may result in this form not being processed. This form has been approved by the Forms Management Center.